10 b/4 5/ 9 Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I

10255-028-999

1.			CLAIMS A	Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY .	
	TC	OTAL CLAIMS	38					RATE	FEE]	RATE	FEE	
	FC	DR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
	TC	TAL CHARGE	CHARGEABLE CLAIMS 38 minus 20=		nus 20=	*	18		X\$ 9=	162,0	OR	X\$18=	
Z	INE	DEPENDENT C	LAIMS	minus 3 =		. 2			X42=	84,0	1	X84=	
	ML	JLTIPLE DEPE		+140=	U	OR	+280=						
\$	* If	the difference	e in column 1 is	l	TOTAL	CICA	OR	TOTAL	*** ,				
		CLAIMS AS AMENDED - PART II							: :			OTHER	THAN
	·		(Column 1)		(Colur		(Column 3)		SMALL		OR	SMALL	ENTITY
	ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
1	AMENDMENT	Total	. 38	Minus	** 5	38	=		X\$ 9=		OR	X\$18=	1
N.	AME	Independent	TATION OF M	Minus	***	S CI AIM	= /		X42=	,	OR	X84=	
		THOTPILO	LIVIATION OF ME	OCHIFCE DEI	CIADEIAI	CEAR			+140=		OR	+280=	
١								7	TOTAL ADDIT. FEE	/	OR	TOTAL ADDIT. FEE	
ı			(Column 1) CLAIMS	1	(Colur		(Column 3)	1 .					1
	AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	NON	Total	. 33	Minus	**	38	=		X\$ 9=		OFy	X\$18=	
	AME	Independent	NTATION OF MI	Minus	ENDENT	5 CLAM			X42=	GAG ?	OR	X84=	,
ľ		FINOT PRESE	SVIATION OF MIC	DETIFIE DEF	ENDENI	CDAIN			+140=	74	QR	+280=	
								L	TOTAL ODIT, FEE	88		TOTAL ADDIT, FEE	
I.			(Column 1)	•	(Colun	mn 2) (Column 3)				9.6			
	AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	AME	Independent	*	Minus	***		=	 	X42=		OR	X84=	
I		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
	• }	f the entry in colu	mn 1 is less than th	e entry in colu	mn 2, write	"0" in colu	ımn 3.	L	+140= TOTAL		OR	+280=	
	**	f the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	20, enter *20.*	A	DOIT. FEE	i	OR ,	TOTAL ODIT. FEE	
I			nber Previously Pai					r four	nd in the app	ropriate box	in coli	umn 1.	Ī